Thérapie Phagique, Ou en sommes nous ?

Pr. Frédéric Laurent, DPharm, PhD frederic.laurent@univ-lyon1.fr Pr. Tristan Ferry, MD, PhD tristan.ferry@univ-lyon1.fr

Pr. Sébastien Lustig, MD, PhD sebastien.lustig@gmail.com

Croix-Rousse Hospital, Hospices Civils de Lyon Claude Bernard Lyon1 University, Lyon

Centre International de Recherche en Infectiologie, CIRI, Inserm U1111, CNRS UMR5308, ENS de Lyon, UCBL1, Lyon, France

Regional referral center for the management of complex bone and joint infection Centre de Référence des IOA complexes de Lyon (CRIOAc Lyon)









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Centre de Référence des Infections Ostéo-Articulaires complexes CRIOAc



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Antibiotic<u>S</u>-loaded PMMA cements

Antibiotic-loaded bone substitutes

ADJUVANT INNOVATIVE ANTI-INFECTIVE AGENTS

Bacteriophages

Bacteriophage-derived lysins

New antibiotics targeting the biofilm

OPTIMAL SEPTIC SURGERY TARGETED AND OPTIMAL OPTIMAL ANTIMICROBIAL THERAPY

New antibiotics usable for SAT

Subcutaneous personalized SAT

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What is a « bacteriophage » ?

- Suffix –phage, phagos φαγεῖν (phagein), "to eat", "to devour"
- Viruses that infect ONLY bacteria
- Classification (myoviridae, podoviridae, etc...)
- A phage is specific to A type of bacteria
- Largely abundant in the biosphere: 10³¹ bacteriophages on the planet, more than every other organism
- Especially in marine environment, sea, lake, backwater, soil, animal and human stools, etc.















Only lytic phages have to be used

S. aureus being lysed by the Sa2 phage



Bacterial DNA appeared in green

Courtesy Pascal Maguin Luciano Marraffini Lab THE ROCKEFELLER UNIVERSITY



Phages have antibiofilm activity



vancomycin

C. Kolenda et al. Antimicrob Agents Chemother 2019

Phages have antibiofilm activity



Only <u>purified</u> lytic phages have to be used



Only <u>purified</u> lytic phages have to be used

Curing bacterial disease



Ferry et al. OFID 2018



Bone and joint infections

Post-trauma long-bone osteomyelitis



Chronic prosthetic-joint infection



Spinal infection with abscess and bone destruction



Surgery (debridement & reconstruction) Antibiotics Surgery (prosthesis explantation) Antibiotics Surgery (debridement & stabilization) Antibiotics

Clinical case #1

54-year-old man <u>Trauma</u> with open fracture

Post-trauma tibial *S. aureus* **osteomyelitis**

Surgical debridement Antibiotics

Failure

Management in Georgia for receiving **phage therapy** bacteriophages 10 years ago Failure



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Clinical case #1			
54-yea <u>Traum</u>	Sclerotic bone with biofilm requiring surgery		
Post-ti osteo	Skin and soft tissue damage requiring surgical coverage		
Surgia			
Antibio	MAJOR BIOLOGICAL LIMIT:		
Failure	Bacteriophages		
Manad	<u>have not the ability to:</u>		
receiv	regenerate skin and soft tissue		
bacter	opnages to years ago		
Failure			

Docteur André RAIGA



Ancien Interne lauréat des Hôpitaux Ex-Chef de Clinique chirurgicale à la Faculté

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At the stage of bone necrosis, **it will only succeed in stopping the progression of the infection**, but **it will be able to do nothing against the dead bone deprived of circulation; this bone will become sequestered and the lesion is no longer a matter of surgery.** To do otherwise is to commit, in my opinion, an error of therapeutic indication.

Au stade de nécrose osseuse, il ne réussira plus qu'à enrayer la progression de l'infection, mais il ne pourra plus rien contre l'os que la mort a privé de circulation ; cet os va se séquestrer et la lésion ne relève plus maintenant que de la chirurgie. Agir autrement c'est commettre, à mon sens, une erreur d'indication thérapeutique. Docteur André RAIGA

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Clinical case #2

80-year-old man

Relapsing S. aureus prosthetic left knee infection (past revision)

Failure

Complex orthopaedic situation with past femoral fracture Impossible to walk (painful knee)







Efficacy and tolerability of a cocktail of bacteriophages to treat burn wounds infected by *Pseudomonas aeruginosa* (PhagoBurn): a randomised, controlled, double-blind















"Debridement And Implant Retention" (DAIR)



Ferry T. et al. 2020

"PhagoDAIR"





One shot peroperative phage application after "DAIR"



Clinical case #2

Post-operative antibiotics:

Daptomycin + Rifampin

<u>At day 4 (only MSSA in all</u> intraoperative samples): Levofloxacin + Rifampin

Then:

Cefalexin as suppressive antimicrobial therapy







T. Ferry et al.

CASE REPORT published: 16 November 2020 doi: 10.3389/fmed.2020.570572







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Bone and joint infections

Post-trauma long-bone osteomyelitis



Surgery (debridement & reconstructio Antibiotics Chronic prosthetic-joint infection



Clinical trial

PhagoDAIR

Janvier 2022

Spinal infection with abscess and bone destruction



Surgery lebridement & stabilization) Antibiotics

Clinical case #3

74-year-old man

Melanoma treated with anti-PD1

Catheter-related *P. aeruginosa* **bacteriemia** in January 2018

Spinal pain summer 2018

Spondylodiscitis with spinal abscess

Pandrug-resistant P. aeruginosa in culture!



Clinical case #3

74-year-old man

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Catheter-related *P. aeruginosa* bacteriemia in January 2018

Spinal pain summer 2018

Spondylodiscitis with spinal abscess

Pandrug-resistant P. aeruginosa in culture!

	Pseudomonas aeruginosa CMI (mg/l)
Ticarcilline + Ac. Clav	R (> 64)
Pipéracilline	R (> 64)
Pipéracilline + Tazobactam	R (> 64)
Ceftazidime	R (> 32)
Céfépime	R (> 32)
Aztréonam	R (> 32)
Imipénème	R (> 8)
Meropeneme	R (> 8)
Gentamicine	R (> 8)
Tobramycine	R (> 8)
Amikacine	R (> 32)
Ciprofloxacine	R (> 2)
Lévofloxacine	R (> 4)
Cotrimoxazole	R
Colistine	S (8) 📥 R
Colistine (Etest)	S E-test∶1 ➡> R
Ceftolozane-tazobactam (Etest)	R E-test : > 256
	D

E-test: 64

Coftazidimo Avibactam (Etest)

The strain was also spontaneously resistant to bacteriophages !!!

Potential European academic collaborations









Personalized production and administration of bacteriophages: lessons learned from a <u>unique European academic collaboration</u> to treat a patient with pandrug-resistant spinal *P. aeruginosa* infection

Conclusions: Personalized phage therapy is a potential adjunct treatment for patients with complex BJI due to pandrug-resistant bacteria. **In addition to industrial phages under development, academic collaborative research is crucial to develop personalized phage therapy.**

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Paris, France 18 – 21 April 2020

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Spinal infection with abscess and bone destruction

Surgery (debridement & reconstruction) Antibiotics Surgery (prosthesis explantation) Antibiotics Surgery (debridement & stabilization) Antibiotics <u>'Debridement And Implant Retention' (DAIR)</u> with local administration of personalized cocktail of bacteriophages (PhagoDAIR) followed by suppressive antibiotherapy as salvage therapy in patients with relapsing prosthetic knee infection

Conclusions: Personalized bacteriophage therapy has the potential to be used as salvage therapy during DAIR in patients with relapsing *S. aureus* and *P. aeruginosa* prosthetic knee infection, to improve the efficacy of suppressive antibiotics, and to avoid considerable loss of function.

<u>Ultrasound guided local administration</u> of personalized cocktail of bacteriophages followed by suppressive antibiotherapy as salvage therapy in patients with relapsing total femur prosthesis infection

Conclusions: Ultrasound-guided local administration of personalized cocktail of GMP bacteriophages followed by suppressive antibiotherapy in patients with relapsing total femur PJI has the potential to be used as salvage therapy to control the infection and avoid disarticulation. Dramatic superinfection could be diagnosed at the time of phage administration.

The Potential Innovative Use of Bacteriophages Within the DAC[®] Hydrogel to Treat Patients With Knee Megaprosthesis Infection Requiring "Debridement Antibiotics and Implant Retention" and Soft Tissue Coverage as Salvage Therapy

Tristan Ferry^{1,2,3,4*}, Cécile Batailler^{2,3,5}, Charlotte Petitjean⁶, Joseph Chateau⁷, Cindy Fevre⁶, Emmanuel Forestier⁸, Sophie Brosset⁷, Gilles Leboucher⁹, Camille Kolenda^{2,3,4,10}, Frédéric Laurent^{2,3,4,10} and Sébastien Lustig^{2,3,5} on behalf of the Lyon BJI Study Group

<u>Intravenous</u> administration of personalized cocktail of bacteriophages as salvage therapy in combination with ceftazidime/avibactam in patients with relapsing *P. aeruginosa* bacteremia: Lesson learned from two cases

Conclusions: The type of filter used for the magistral preparation and the duration of the perfusion influenced the phage titer, as the titer in the patient's blood. Personalized GMP bacteriophage therapy has the potential to be used as salvage therapy of *P. aeruginosa* intravascular implant infections.

Open Forum Infectious Diseases

BRIEF REPORT

frontiers in Medicine The Potential Innovative Use of **Bacteriophages Within the DAC**[®] Hydrogel to Treat Patients With Knee

HCL

HOSPICES CIVILS

Salvage Del an Elderly 1 Staphyloco Infection?

Case Report: Arthroscopic frontiers in Medicine "Debridement Antibiotics and Implant Retention" With Local Implant Re Injection of Personalized Phage Local Injec Therapy to Salvage a Relapsing of Bacterio Pseudomonas Aeruginosa Prosthetic Knee Infection 2021

> Tristan Ferry^{1,2,3,4*}, Camille Kolenda^{2,3,4,5}, Cécile Batailler^{2,3,6}, Romain Gaillard^{3,6}, Claude-Alexandre Gustave^{2,3,4,5}, Sébastien Lustig^{2,3,6}, Cindy Fevre⁷, Charlotte Petitjean⁷, Gilles Leboucher⁸. Frédéric Laurent^{2,3,4,5} and the Lyon BJI Study group

Ferry T.

Tristan Ferry X, Fabien Boucher, Cindy Fevre, Thomas Perpoint, Joseph Chateau, Charlotte Petitjean,

Jérôme Josse, Christian Chidiac, Guillaume L'hostis, Gilles Leboucher, ... Show more

application of a selected cocktail of bacteriophages

Journal of Antimicrobial Chemotherapy, Volume 73, Issue 10, 1 October 2018, Pages 2901–2903,

01: 10.3389/IMed.2020.570572

2020

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Study Group

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one and joint *i* including local

fection Requiring

and Soft Tissue

Where to find phages for clinical use?

- Pherecydes Pharma
- Phage community

Under the supervision of

Where to find phages for clinical use?

- Pherecydes Pharma •
- Phage community

Under the supervision of Agence nationale de sécurité du médicament et des produits de santé French Health Authority

MINISTÈRE DE L'ENSEIGNEMENT SUPÉRIEUR, LA RECHERCHE Égalité Fraternité

Purified <u>academic</u> phages Usable in the next 5 years FRI PHARM HCL புத CIL Lyon 1 HOSPICES CIV

Where to find phages for clinical use?

Pherecydes Pharma

• Phage community

 Inauguration Committee Members:
 Ran Nir-Paz, Israël

 Tristan Ferry, France

 ESCMID STUDY GROUP

 FOR NON-TRADITIONAL

 ANTIBACTERIAL THERAPY

 European Society of Clinical Microbiology and Infectious Diseases

REVIEW ARTICLE

Recent progress toward the implementation of phage therapy in Western medicine

Jean-Paul Pirnay^{1,†}, Tristan Ferry^{2,3,†} and Grégory Resch^{4,*,†}

2021

Conclusion

2.0

- <u>There is a real place for phage therapy</u> to maximize clinical success in complex bacterial infections
- Need to identify <u>relevant clinical indications</u>
- Expertise of referral clinical centers
- Don't forget <u>Lessons from 20th century</u>
- Develop and use **purified** bacteriophages

► <u>30 patients treated since 2017</u>

- Industry / health authority / academic <u>collaborations</u>
- Need for <u>Phage discovery</u>, <u>banking</u>, <u>susceptibility</u>, to personalize the therapy
- Need for national phage
- Clinical trials have to be p potential benefit in severe

Lyon BJI Study group

Coordinator: Tristan Ferry

Infectious Diseases Specialists - Tristan Ferry, Florent Valour, Thomas Perpoint, Florence Ader, Sandrine Roux, Agathe Becker, Claire Triffault-Fillit, Anne Conrad, Cécile Pouderoux, Pierre Chauvelot, Paul Chabert, Johanna Lippman, Evelyne Braun

Surgeons - Sébastien Lustig, Elvire Servien, Cécile Batailler, Stanislas Gunst, Axel Schmidt, Elliot Sappey-Marinier, Quentin Ode, Michel-Henry Fessy, Anthony Viste, Jean-Luc Besse, Philippe Chaudier, Lucie Louboutin, Adrien Van Haecke, Marcelle Mercier, Vincent Belgaid, Aram Gazarian, Arnaud Walch, Antoine Bertani, Frédéric Rongieras, Sébastien Martres, Franck Trouillet, Cédric Barrey, Ali Mojallal, Sophie Brosset, Camille Hanriat, Hélène Person, Philippe Céruse, Carine Fuchsmann, Arnaud Gleizal;

Anesthesiologists – Frédéric Aubrun, Mikhail Dziadzko, Caroline Macabéo, Dana Patrascu;

Microbiologists – Frederic Laurent, Laetitia Beraud, Tiphaine Roussel-Gaillard, Céline Dupieux, Camille Kolenda, Jérôme Josse;

Imaging – Fabien Craighero, Loic Boussel, Jean-Baptiste Pialat, Isabelle Morelec;

PK/PD specialists – Michel Tod, Marie-Claude Gagnieu, Sylvain Goutelle;

Clinical research assistant and database manager- Eugénie Mabrut

PHAGE *in* **LYON** HCL HOSPICES CIVILS DE LYON

Coordinators: Tristan Ferry and Frédéric Laurent

Mathieu Medina, Camille kolenda, Floriane Laumay, Melanie Bonhomme, Leslie Blazere, Tiphaine Legendre, Eline Terrazzoni, Fabrice Pirot, Camille Merienne, Samira Filali, Benjamine Lapras, Gilles Leboucher, Thomas Briot.

Centre International de Recherche en Infectiologie

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- All recommendations
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